

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/598918

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4	/					
5	/					
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12		/				
13		/				
14		/				
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41		/				
42		/				
43		/				
44		/				
45		/				
46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52		/				
53		/				
54		/				
55	0	/				
56	/					
57	/					
58	/					
59	/					
60	/					
61	/					
62	/					
63	/					
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65	/					
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89						
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91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	2					
TOTAL DEP.	24					
TOTAL CLAIMS	76					